

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|   |   |   |  |                     |  |
|---|---|---|--|---------------------|--|
| The C/OH INSTRUCTION GUIDE explains how to complete this form.  |   | 1 ACCOUNT #<br>(Ethics Commission filers)<br>00000001 |  | 2 PAGE #<br>1 of 26 |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>Mr.  |   | FIRST<br>Amadeo  | MI                  | OFFICE USE ONLY<br><br>Date Received<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #<br>Amount<br>Date Processed<br>Date Imaged |
|   | NICKNAME  |   | LAST<br>Ortiz  | SUFFIX              |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;<br>1443 W. Elsmere<br>San Antonio, TX 78201   |   | APT / SUITE #;   | CITY;               | STATE; ZIP CODE  |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Mr.  |   | FIRST<br>Robert  | MI                  | JACQUELYN H. CALLEN<br>ELECTIONS ADMINISTRATOR<br>BEXAR COUNTY<br>FILED IN MY OFFICE<br>2008 MAR 31 A 11:20                                    |
|   | NICKNAME<br>Bob   |   | LAST<br>Lott   | SUFFIX              |  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or business)   | STREET ADDRESS (NO PO BOX PLEASE);<br>5045 Ayrshire Dr<br>San Antonio, TX 78217   |   | APT / SUITE #;   | CITY;               | STATE; ZIP CODE  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE<br>(210) 414-9966   |   | PHONE NUMBER   | EXTENSION           |  |
| 8 REPORT TYPE   | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |   |  |                     |  |
| 9 PERIOD<br>COVERED   | Month    Day    Year<br>02/24/2008  |   | THROUGH    Month    Day    Year<br>03/29/2008  |                     |  |
| 10 ELECTION   | ELECTION DATE<br>Month    Day    Year<br>04/08/2008   |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special |                     |  |
| 11 OFFICE   | OFFICE HELD (if any)  |   | 12 OFFICE SOUGHT (if known)<br>Bexar County Sheriff  |                     |  |
| 13 NOTICE<br>OF DIRECT<br>CAMPAIGN<br>EXPENDITURE<br>BY OTHER<br>INDIVIDUALS                          | ... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.<br>Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...  |   |  |                     |  |
|   | Name<br><br>Address/PO Box;    Apt. / Suite #;    City;    State;    Zip Code   |   |  |                     |  |
| <input type="checkbox"/> additional pages   |   |   |  |                     |  |
| GO TO PAGE 2  |   |   |  |                     |  |

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****14 C/OH NAME** Ortiz, Amadeo (Mr.)**15 ACCOUNT #** (Ethics Commission filers)  
00000001**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE****COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME**☐ additional pages**COMMITTEE CAMPAIGN TREASURER ADDRESS****17 CONTRIBUTION  
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

16,031.45

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

0.00

4. TOTAL POLITICAL EXPENDITURES

\$

19,744.90

**CONTRIBUTION  
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

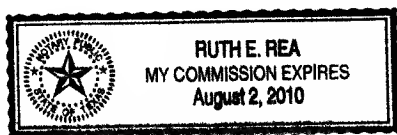
\$

11,958.35

**OUTSTANDING  
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

3,000.00

**18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Amadeo Ortiz*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Amadeo Ortiz, this the 31<sup>st</sup> day  
of March, 2008, to certify which, witness my hand and seal of office.

*Ruth E. Rea*  
Signature of officer administering oath

*Ruth E. Rea*  
Print name of officer administering oath

*Notary*  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/10 Report: 4/26

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date 03/14/2008  
5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Delgado, Robert

6 Contributor address; City; State; Zip Code  
19830 Park Ranch Rd.  
San Antonio, TX 78259

7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date 02/25/2008  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Deputy Sheriffs Association of Bex Co PAC

Contributor address; City; State; Zip Code  
816 Camaron #214  
San Antonio, TX 78212

Amount of contribution (\$) In-kind contribution description (if applicable)

\$408.35

In-Kind Campaign Marketing

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/17/2008  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Elizondo, Paul

Contributor address; City; State; Zip Code  
3451 W. Woodlawn Ave.  
San Antonio, TX 78228-4853

Amount of contribution (\$) In-kind contribution description (if applicable)

\$2,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 03/14/2008  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Embrey, Bruce

Contributor address; City; State; Zip Code  
1126 W. Commerce St  
San Antonio, TX 78207

Amount of contribution (\$) In-kind contribution description (if applicable)

\$500.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 02/26/2008  
Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Evans, Lewis

Contributor address; City; State; Zip Code  
1050 Waterstone Parkway  
Boerne, TX 78006

Amount of contribution (\$) In-kind contribution description (if applicable)

\$100.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |  |  |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 3/10 Report: 5/26            |  |
| 2 FILER NAME Ortiz, Amadeo (Mr.)                          |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000001 |  |
| 4 Date<br><br>02/26/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Fernandez, Raul<br><br>6 Contributor address; City; State; Zip Code<br>9607 Summer Vail St<br>San Antonio, TX 78251   | 7 Amount of contribution (\$)<br><br>\$100.00      | 8 In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                   |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                     |  |
| Date<br><br>02/26/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Fletcher, Roy<br><br>Contributor address; City; State; Zip Code<br>11843 Braesview #601<br>San Antonio, TX 78213        | Amount of contribution (\$)<br><br>\$500.00        | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                     |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| Date<br><br>02/27/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Gholson, William & Carolina<br><br>Contributor address; City; State; Zip Code<br>8181 Tezel Rd<br>San Antonio, TX 78250 | Amount of contribution (\$)<br><br>\$800.00        | In-kind contribution description (if applicable)<br>In-Kind Billboard Ad<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| Date<br><br>02/26/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Glover, Ronald<br><br>Contributor address; City; State; Zip Code<br>7547 Pipers Run<br>San Antonio, TX 78251            | Amount of contribution (\$)<br><br>\$50.00         | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                     |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Gonzaba, William<br><br>Contributor address; City; State; Zip Code<br>720 Pleasanton Rd.<br>San Antonio, TX 78214       | Amount of contribution (\$)<br><br>\$1,000.00      | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                     |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |  |  |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 4/10 Report: 6/26            |  |
| 2 FILER NAME Ortiz, Amadeo (Mr.)                          |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000001 |  |
| 4 Date<br><br>03/13/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Gonzales, Janie<br><br>6 Contributor address; City; State; Zip Code<br>9910 Cinnamon Ridge<br>San Antonio, TX 78251 | 7 Amount of contribution (\$)<br><br>\$50.00       | 8 In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                     |  |
| Date<br><br>03/13/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Guerra, Johnny<br><br>Contributor address; City; State; Zip Code<br>5107 Queens Bee Ct.<br>San Antonio, TX 78228      | Amount of contribution (\$)<br><br>\$300.00        | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| Date<br><br>02/26/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Hayes, Homer III<br><br>Contributor address; City; State; Zip Code<br>2802 Colonial Dr.<br>Dickinson, TX 77539        | Amount of contribution (\$)<br><br>\$200.00        | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| Date<br><br>03/04/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Joseph, Sunny<br><br>Contributor address; City; State; Zip Code<br>127 W. Old US Hwy 90<br>San Antonio, TX 78237      | Amount of contribution (\$)<br><br>\$200.00        | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| Date<br><br>03/20/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Karam, Jr., Edward<br><br>Contributor address; City; State; Zip Code<br>571 Donaldson<br>San Antonio, TX 78201        | Amount of contribution (\$)<br><br>\$100.00        | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |  |  |  |
|---|--|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |  | 1 PAGE #<br>Schedule: 5/10 Report: 7/26            |  |
| 2 FILER NAME Ortiz, Amadeo (Mr.)                          |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000001 |  |
| 4 Date<br><br>03/04/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Laudadio, Tim<br><br>6 Contributor address; City; State; Zip Code<br>15751 Chinguapin<br>Helotes, TX 78023     | 7 Amount of contribution (\$)<br><br>\$500.00      | 8 In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions)     |  | 10 Employer (See Instructions)                     |  |
| Date<br><br>03/04/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Lorenz, Diana<br><br>Contributor address; City; State; Zip Code<br>318 Spimmel<br>San Antonio, TX 78227          | Amount of contribution (\$)<br><br>\$200.00        | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |  |
| Date<br><br>03/05/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Lott, Robert<br><br>Contributor address; City; State; Zip Code<br>5045 Ayrshire Dr<br>San Antonio, TX 78217      | Amount of contribution (\$)<br><br>\$120.00        | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |  |
| Date<br><br>03/18/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Medina, Cresencio<br><br>Contributor address; City; State; Zip Code<br>9118 George Kyle<br>San Antonio, TX 78240 | Amount of contribution (\$)<br><br>\$50.00         | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |  |
| Date<br><br>03/05/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Mendoza, Amador<br><br>Contributor address; City; State; Zip Code<br>1739 Hicks Ave<br>San Antonio, TX 78210     | Amount of contribution (\$)<br><br>\$100.00        | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |  |

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/10 Report: 8/26

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

02/26/2008

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Minarich, Madonna

6 Contributor address; City; State; Zip Code  
12123 Orchid Blossom  
San Antonio, TX 78247

7 Amount of  
contribution (\$)

\$100.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/13/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Moczgamba, Jeffery

Contributor address; City; State; Zip Code  
9100 W. IH 10  
Suite 300  
San Antonio, TX 78230

Amount of  
contribution (\$)

\$1,000.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Ninam, Mathews

Contributor address; City; State; Zip Code  
1803 Ravenscroft Dr.  
San Antonio, TX 78253

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Perez, Victor

Contributor address; City; State; Zip Code  
2903 E. Ramblewood St  
San Antonio, TX 78261

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Rodriguez, Robert

Contributor address; City; State; Zip Code  
5458 Colton Creek  
San Antonio, TX 78251

Amount of  
contribution (\$)

\$300.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |  |  |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 7/10 Report: 9/26            |  |
| 2 FILER NAME Ortiz, Amadeo (Mr.)                          |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000001 |  |
| 4 Date<br><br>03/05/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>San Antonio Police Officer's Association (PAC)<br><br>6 Contributor address; City; State; Zip Code<br>1939 N.E. Loop 410 Suite 300<br>San Antonio, TX 78217 | 7 Amount of contribution (\$)<br><br>\$1,000.00    | 8 In-kind contribution description (if applicable)<br><br>In-kind Office Space<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                     |  |
| Date<br><br>03/01/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>San Antonio Produce Market<br><br>Contributor address; City; State; Zip Code<br>1500 S. Zarzamora<br>San Antonio, TX 78207                                    | Amount of contribution (\$)<br><br>\$353.10        | In-kind contribution description (if applicable)<br><br>In-kind Office Space<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| Date<br><br>03/04/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Sasidharan, Vinny<br><br>Contributor address; City; State; Zip Code<br>3223 Nogalitos<br>San Antonio, TX 78225  | Amount of contribution (\$)<br><br>\$150.00        | In-kind contribution description (if applicable)<br><br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                       |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| Date<br><br>03/18/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Tafolla, Rolando<br><br>Contributor address; City; State; Zip Code<br>4226 Havenvew Ln.<br>San Antonio, TX 78228  | Amount of contribution (\$)<br><br>\$250.00        | In-kind contribution description (if applicable)<br><br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                       |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| Date<br><br>03/18/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Tomlin, W. R.<br><br>Contributor address; City; State; Zip Code<br>P.O. Box 29023<br>San Antonio, TX 78229  | Amount of contribution (\$)<br><br>\$50.00         | In-kind contribution description (if applicable)<br><br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                       |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/10 Report: 10/26

2 FILER NAME Ortiz, Amadeo (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

03/13/2008

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Trevino, Irene

6 Contributor address; City; State; Zip Code  
819 Ripley Ave.  
San Antonio, TX 78212

7 Amount of  
contribution (\$)

\$500.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

03/13/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Trevino, Raymond

Contributor address; City; State; Zip Code  
819 Ripley  
San Antonio, TX 78212

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Vela, Dan

Contributor address; City; State; Zip Code  
9251 Windward Trace  
San Antonio, TX 78254

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/13/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Walker, Avery

Contributor address; City; State; Zip Code  
4103 Cliff Run  
San Antonio, TX 78222-2731

Amount of  
contribution (\$)

\$50.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/13/2008

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Walker, Avery

Contributor address; City; State; Zip Code  
4103 Cliff Run  
San Antonio, TX 78222-2731

Amount of  
contribution (\$)

\$200.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

|   |   |  |  |
|---|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form. |   | 1 PAGE #<br>Schedule: 9/10 Report: 11/26           |  |
| 2 FILER NAME Ortiz, Amadeo (Mr.)                          |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000001 |  |
| 4 Date<br><br>03/18/2008                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Walker, Avery<br><br>6 Contributor address; City; State; Zip Code<br>4103 Cliff Run<br>San Antonio, TX 78222-2731 | 7 Amount of contribution (\$)<br><br>\$100.00      | 8 In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |
| 9 Principal occupation / Job title (See Instructions)     |   | 10 Employer (See Instructions)                     |  |
| Date<br><br>03/14/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>White, Collis<br><br>Contributor address; City; State; Zip Code<br>115 E. Travis Ste 1705<br>San Antonio, TX 78205  | Amount of contribution (\$)<br><br>\$250.00        | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| Date<br><br>03/18/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Willborn, James<br><br>Contributor address; City; State; Zip Code<br>6514 Laurel Hill<br>San Antonio, TX 78229      | Amount of contribution (\$)<br><br>\$100.00        | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| Date<br><br>03/18/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Wurzer, Marvin<br><br>Contributor address; City; State; Zip Code<br>800 Gessner<br>Suite 1260<br>Houston, TX 77024  | Amount of contribution (\$)<br><br>\$1,000.00      | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |
| Date<br><br>03/18/2008                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Ybarbo, Raymond<br><br>Contributor address; City; State; Zip Code<br>123 Crane Circle<br>Spring Branch, TX 78070    | Amount of contribution (\$)<br><br>\$150.00        | In-kind contribution description (if applicable)<br><br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |
| Principal occupation / Job title (See Instructions)       |   | Employer (See Instructions)                        |  |

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 10/10 Report: 12/26

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

02/26/2008

**5** Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
Zapata, Gabriel**6** Contributor address; City; State; Zip Code  
1017 N. Main Ave. Suite 203  
San Antonio, TX 78212**7** Amount of  
contribution (\$)

\$100.00

**8** In-kind contribution  
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)**10** Employer (See Instructions)

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/14 Report: 13/26**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

03/05/2008

**5** Payee name

AT &amp; T Telephone

**7**Amount  
(\$)

\$137.67

**6** Payee address; City; State; Zip CodeP.O. Box 930170  
Dallas, TX 75393-0170**8** Purpose of payment (See instructions regarding type of information required.)

Office telephone &amp; Internet

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/05/2008

Payee name

AT &amp; T Telephone

Amount  
(\$)

\$126.55

Payee address; City; State; Zip Code

P.O. Box 930170  
Dallas, TX 75393-0170

Purpose of payment (See instructions regarding type of information required.)

Office telephone &amp; Internet

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/11/2008

Payee name

AT &amp; T Telephone

Amount  
(\$)

\$116.94

Payee address; City; State; Zip Code

P.O. Box 930170  
Dallas, TX 75393-0170

Purpose of payment (See instructions regarding type of information required.)

Office telephone &amp; Internet

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/27/2008

Payee name

Beef &amp; Bourbon Steak House

Amount  
(\$)

\$270.88

Payee address; City; State; Zip Code

4946 Rigsby  
San Antonio, TX 78222

Purpose of payment (See instructions regarding type of information required.)

F&amp;B

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

|   |  |  |
|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form.   |  | 1 PAGE #<br>Schedule: 2/14 Report: 14/26   |
| 2 FILER NAME Ortiz, Amadeo (Mr.)  |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000001   |
| 4 Date<br><br>03/04/2008  | 5 Payee name<br>Beef & Bourbon Steak House<br><br>6 Payee address; City; State; Zip Code<br>4946 Rigsby<br>San Antonio, TX 78222         | 7 Amount (\$)<br><br>\$1,076.00  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>F&B Election Results Party<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>03/11/2008  | Payee name<br>Boerne Sunrise Rotary Club<br><br>Payee address; City; State; Zip Code<br>Cascade Caverns Rd & IH 10 W<br>Boerne, TX 78006 | Amount (\$)<br><br>\$7.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>F & B Meeting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/06/2008  | Payee name<br>Cheapestees.com<br><br>Payee address; City; State; Zip Code<br>1400 Rollins Road<br>Burlingame, CA 74010                   | Amount (\$)<br><br>\$418.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>T-shirts for campaign<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>        |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/19/2008  | Payee name<br>China Star Restaurant<br><br>Payee address; City; State; Zip Code<br>1647 Babcock Rd.<br>San Antonio, TX 78229             | Amount (\$)<br><br>\$18.90   |
| Purpose of payment (See instructions regarding type of information required.)<br>F & B Meeting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |

**POLITICAL EXPENDITURES****SCHEDULE F**

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|--|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.  |   | 1 PAGE #<br>Schedule: 3/14 Report: 15/26   |
| 2 FILER NAME Ortiz, Amadeo (Mr.)   |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000001   |
| 4 Date<br><br>03/10/2008   | 5 Payee name<br>Cigars International<br><br>6 Payee address; City; State; Zip Code<br>6771 Chrisphalt Dr.<br>Bath, PA 18014 | 7 Amount (\$)<br><br>\$142.90  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Supplies for Fundraiser<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>03/06/2008   | Payee name<br>Diamond Food Mart<br><br>Payee address; City; State; Zip Code<br>3098 E. Commerce St<br>San Antonio, TX 78220 | Amount (\$)<br><br>\$30.00   |
| Purpose of payment (See instructions regarding type of information required.)<br>Auto Expense<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>              |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/12/2008   | Payee name<br>Digital Edge<br><br>Payee address; City; State; Zip Code<br>3463 Magic Dr.<br>San Antonio, TX 78229           | Amount (\$)<br><br>\$1,100.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Marketing & Promotion<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>     |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/21/2008   | Payee name<br>Easy Drive<br><br>Payee address; City; State; Zip Code<br>906 Ruiz St.<br>San Antonio, TX 78207               | Amount (\$)<br><br>\$180.57  |
| Purpose of payment (See instructions regarding type of information required.)<br>Campaign Marketing<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>        |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |

**POLITICAL EXPENDITURES****SCHEDULE F**

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| The INSTRUCTION GUIDE explains how to complete this form.  |  | 1 PAGE #<br>Schedule: 4/14 Report: 16/26   |
| 2 FILER NAME Ortiz, Amadeo (Mr.)   |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000001   |
| 4 Date<br><br>02/27/2008   | 5 Payee name<br>Freddy's Restaurant<br><br>6 Payee address; City; State; Zip Code<br>1201 S. Flores<br>San Antonio, TX 78205 | 7 Amount (\$)<br><br>\$6.00  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>F&B - Meeting for Campaign Fundraiser<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>03/20/2008   | Payee name<br>Gabriel's #41-05<br><br>Payee address; City; State; Zip Code<br>837 W. Hildebrand<br>San Antonio, TX 78212     | Amount (\$)<br><br>\$75.63   |
| Purpose of payment (See instructions regarding type of information required.)<br>Fundraiser - Beverages<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                  |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/14/2008   | Payee name<br>Goodtime Charlies<br><br>Payee address; City; State; Zip Code<br>2922 Broadway<br>San Antonio, TX 78209        | Amount (\$)<br><br>\$21.93   |
| Purpose of payment (See instructions regarding type of information required.)<br>F & B Meeting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                           |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/17/2008   | Payee name<br>Grady's Bar-B-Q<br><br>Payee address; City; State; Zip Code<br>6510 San Pedro<br>San Antonio, TX 78216         | Amount (\$)<br><br>\$21.56   |
| Purpose of payment (See instructions regarding type of information required.)<br>F & B Meeting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                           |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |

**POLITICAL EXPENDITURES****SCHEDULE F**

|  |  |   |
|--|--|---|
| <b>The INSTRUCTION GUIDE explains how to complete this form.</b>   |  | <b>1</b> PAGE #<br>Schedule: 5/14 Report: 17/26   |
| <b>2</b> FILER NAME Ortiz, Amadeo (Mr.)  |  | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00000001   |
| <b>4</b> Date<br><br>03/03/2008  | <b>5</b> Payee name<br>Harbor Freight Tools<br><br><b>6</b> Payee address; City; State; Zip Code<br>3672 Fredericksburg Rd.<br>San Antonio, TX 78201 | <b>7</b> Amount<br>(\$)<br><br>\$39.95  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>Supplies<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>02/27/2008   | Payee name<br>HEB Grocery<br><br>Payee address; City; State; Zip Code<br>2118 Fredericksburg Rd<br>San Antonio, TX 78201                             | Amount<br>(\$)<br><br>\$11.13   |
| Purpose of payment (See instructions regarding type of information required.)<br>F&B<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>               |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>03/04/2008   | Payee name<br>HEB Grocery<br><br>Payee address; City; State; Zip Code<br>2118 Fredericksburg Rd<br>San Antonio, TX 78201                             | Amount<br>(\$)<br><br>\$42.60   |
| Purpose of payment (See instructions regarding type of information required.)<br>F&B<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>               |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>03/09/2008   | Payee name<br>HEB Grocery<br><br>Payee address; City; State; Zip Code<br>2118 Fredericksburg Rd<br>San Antonio, TX 78201                             | Amount<br>(\$)<br><br>\$40.01   |
| Purpose of payment (See instructions regarding type of information required.)<br>Auto Expense<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>      |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |



**POLITICAL EXPENDITURES****SCHEDULE F**

|  |  |   |
|--|--|---|
| <b>The INSTRUCTION GUIDE explains how to complete this form.</b>   |  | <b>1</b> PAGE #<br>Schedule: 6/14 Report: 18/26   |
| <b>2</b> FILER NAME Ortiz, Amadeo (Mr.)  |  | <b>3</b> ACCOUNT # (Ethics Commission filers)<br>00000001   |
| <b>4</b> Date<br><br>03/20/2008  | <b>5</b> Payee name<br>HEB Grocery<br><br><b>6</b> Payee address; City; State; Zip Code<br>2118 Fredericksburg Rd<br>San Antonio, TX 78201 | <b>7</b> Amount<br>(\$)<br><br>\$20.34  |
| <b>8</b> Purpose of payment (See instructions regarding type of information required.)<br>F & B Fundraiser<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | <b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>03/21/2008   | Payee name<br>HEB Grocery<br><br>Payee address; City; State; Zip Code<br>2118 Fredericksburg Rd<br>San Antonio, TX 78201                   | Amount<br>(\$)<br><br>\$71.20   |
| Purpose of payment (See instructions regarding type of information required.)<br>Auto Expense<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>              |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>02/24/2008   | Payee name<br>Herrera, Richard<br><br>Payee address; City; State; Zip Code<br>151 Knoll<br>San Antonio, TX 78227                           | Amount<br>(\$)<br><br>\$300.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Labor<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                     |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |
| Date<br><br>03/02/2008   | Payee name<br>Herrera, Richard<br><br>Payee address; City; State; Zip Code<br>151 Knoll<br>San Antonio, TX 78227                           | Amount<br>(\$)<br><br>\$300.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Labor<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                     |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:          |

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 7/14 Report: 19/26

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

03/18/2008

**5** Payee name

Ideas Unlimited

**7**Amount  
(\$)

\$1,879.80

**6** Payee address; City; State; Zip Code5213 Bandera Rd  
San Antonio, TX 78238**8** Purpose of payment (See instructions regarding type of information required.)

Campaign Signs / T-Shirt Printing

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/20/2008

Payee name

Jim's Cafe and Coffee Bar

Amount  
(\$)

\$30.74

Payee address; City; State; Zip Code

842 NW Loop 410 Suite 107  
San Antonio, TX 78216

Purpose of payment (See instructions regarding type of information required.)

F &amp; B Meeting

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/06/2008

Payee name

Johnny's Restaurant

Amount  
(\$)

\$13.84

Payee address; City; State; Zip Code

1808 N. New Braunfels  
San Antonio, TX 78208

Purpose of payment (See instructions regarding type of information required.)

F &amp; B Meeting

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/27/2008

Payee name

La Prensa

Amount  
(\$)

\$300.00

Payee address; City; State; Zip Code

P.O. Box 830768  
San Antonio, TX 78283

Purpose of payment (See instructions regarding type of information required.)

Newspaper advertising

**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

|   |   |  |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.   |   | 1 PAGE #<br>Schedule: 8/14 Report: 20/26   |
| 2 FILER NAME Ortiz, Amadeo (Mr.)  |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000001   |
| 4 Date<br><br>03/06/2008  | 5 Payee name<br>La Prensa<br><br>6 Payee address; City; State; Zip Code<br>P.O. Box 830768<br>San Antonio, TX 78283         | 7 Amount (\$)<br><br>\$500.00  |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Newspaper advertising<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>    |   | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>02/27/2008  | Payee name<br>Las Connyn<br><br>Payee address; City; State; Zip Code<br>506 Rayburn Dr.<br>San Antonio, TX 78221            | Amount (\$)<br><br>\$125.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>meet & greet entertainment<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>02/24/2008  | Payee name<br>Las Pinchanchas<br><br>Payee address; City; State; Zip Code<br>450 Fredericksburg Rd<br>San Antonio, TX 78201 | Amount (\$)<br><br>\$30.26   |
| Purpose of payment (See instructions regarding type of information required.)<br>F&B - Business Meeting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>     |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/08/2008  | Payee name<br>Mama Margie's<br><br>Payee address; City; State; Zip Code<br>9950 IH 10 W<br>San Antonio, TX 78230            | Amount (\$)<br><br>\$8.92  |
| Purpose of payment (See instructions regarding type of information required.)<br>F & B Meeting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>              |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |

**POLITICAL EXPENDITURES****SCHEDULE F**

|   |  |  |
|---|--|--|
| The INSTRUCTION GUIDE explains how to complete this form.   |  | 1 PAGE #<br>Schedule: 9/14 Report: 21/26   |
| 2 FILER NAME Ortiz, Amadeo (Mr.)  |  | 3 ACCOUNT # (Ethics Commission filers)<br>00000001   |
| 4 Date<br><br>03/22/2008  | 5 Payee name<br>Medina, Cresencio<br><br>6 Payee address; City; State; Zip Code<br>9118 George Kyle<br>San Antonio, TX 78240 | 7 Amount (\$)<br><br>\$50.00   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Refund<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>             |  | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>02/27/2008  | Payee name<br>MK Davis Restaurant<br><br>Payee address; City; State; Zip Code<br>1302 N. Flores<br>San Antonio, TX 78212     | Amount (\$)<br><br>\$5.36  |
| Purpose of payment (See instructions regarding type of information required.)<br>F&B Business Meeting<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>02/28/2008  | Payee name<br>Mobile Sign Media<br><br>Payee address; City; State; Zip Code<br>1202 W. Commerce St.<br>San Antonio, TX 78207 | Amount (\$)<br><br>\$4,000.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Campaign Marketing<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>   |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>02/27/2008  | Payee name<br>Office Depot<br><br>Payee address; City; State; Zip Code<br>5601 Bandera Rd<br>San Antonio, TX 78238           | Amount (\$)<br><br>\$17.23   |
| Purpose of payment (See instructions regarding type of information required.)<br>Office supplies<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>      |  | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 10/14 Report: 22/26**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

03/04/2008

**5** Payee name  
Office Depot**6** Payee address; City; State; Zip Code  
5601 Bandera Rd  
San Antonio, TX 78238**7** Amount  
(\$)

\$234.78

**8** Purpose of payment (See instructions regarding type of information required.)

Office supplies

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

03/10/2008

Payee name  
Paris HattersPayee address; City; State; Zip Code  
119 N. Broadway  
San Antonio, TX 78205Amount  
(\$)

\$189.52

Purpose of payment (See instructions regarding type of information required.)

Campaign Marketing

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

03/13/2008

Payee name  
Pico De Gallo Rest.Payee address; City; State; Zip Code  
115 S. Leona  
San Antonio, TX 78205Amount  
(\$)

\$61.49

Purpose of payment (See instructions regarding type of information required.)

F &amp; B Meeting

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

03/18/2008

Payee name  
Plaza ClubPayee address; City; State; Zip Code  
Frost Bank Tower  
21st Floor  
San Antonio, TX 78207Amount  
(\$)

\$1,009.23

Purpose of payment (See instructions regarding type of information required.)

Fundraiser

(If travel outside of Texas, complete Schedule T) ☐\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 11/14 Report: 23/26

**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

02/24/2008

**5** Payee name

Ronald McDonald House

**7**Amount  
(\$)

\$250.00

**6** Payee address; City; State; Zip Code4803 Sid Katz  
San Antonio, TX 78229**8** Purpose of payment (See instructions regarding type of information required.)

Charitable Donation

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/06/2008

Payee name

San Antonio News

Amount  
(\$)

\$300.00

Payee address; City; State; Zip Code

P.O. Box 240022  
San Antonio, TX 78224

Purpose of payment (See instructions regarding type of information required.)

Ad

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

02/28/2008

Payee name

San Antonio Sunrise Rotary Club

Amount  
(\$)

\$150.00

Payee address; City; State; Zip Code

P.O. Box 701913  
San Antonio, TX 78270

Purpose of payment (See instructions regarding type of information required.)

charitable contribution

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/14/2008

Payee name

San Antonio Sunrise Rotary Club

Amount  
(\$)

\$8.00

Payee address; City; State; Zip Code

P.O. Box 701913  
San Antonio, TX 78270

Purpose of payment (See instructions regarding type of information required.)

F &amp; B Meeting

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**POLITICAL EXPENDITURES****SCHEDULE F**

|   |   |  |
|---|---|--|
| The INSTRUCTION GUIDE explains how to complete this form.   |   | 1 PAGE #<br>Schedule: 12/14 Report: 24/26  |
| 2 FILER NAME Ortiz, Amadeo (Mr.)  |   | 3 ACCOUNT # (Ethics Commission filers)<br>00000001   |
| 4 Date<br><br>03/08/2008  | 5 Payee name<br>South Central Hardware<br><br>6 Payee address; City; State; Zip Code<br>368 New Laredo Hwy<br>San Antonio, TX 78211 | 7 Amount (\$)<br><br>\$32.00   |
| 8 Purpose of payment (See instructions regarding type of information required.)<br>Marketing & Promo<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>        |   | 9 ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held: |
| Date<br><br>03/13/2008  | Payee name<br>Symantec Software<br><br>Payee address; City; State; Zip Code<br>20330 Stevens Creek Rd.<br>Cupertino, CA 95014       | Amount (\$)<br><br>\$49.98   |
| Purpose of payment (See instructions regarding type of information required.)<br>Internet Security software<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/> |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/12/2008  | Payee name<br>Time Warner Media<br><br>Payee address; City; State; Zip Code<br>900 Arion Pkwy. #101<br>San Antonio, TX 78216        | Amount (\$)<br><br>\$5,003.00  |
| Purpose of payment (See instructions regarding type of information required.)<br>Marketing & Promotion<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>      |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |
| Date<br><br>03/03/2008  | Payee name<br>Toudouze Market<br><br>Payee address; City; State; Zip Code<br>800 Buena Vista<br>San Antonio, TX 78207               | Amount (\$)<br><br>\$70.57   |
| Purpose of payment (See instructions regarding type of information required.)<br>F & B<br><br>(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>                      |   | ** Complete if direct expenditure to benefit Candidate/Officeholder **<br>Candidate / Officeholder name:<br><br>Office sought:<br>Office held:   |

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 13/14 Report: 25/26**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

03/19/2008

**5** Payee name

Toudouze Market

**7**Amount  
(\$)

\$16.15

**6** Payee address; City; State; Zip Code800 Buena Vista  
San Antonio, TX 78207**8** Purpose of payment (See instructions regarding type of information required.)

F &amp; B

**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/22/2008

Payee name

US Postal Service

Amount  
(\$)

\$82.00

Payee address; City; State; Zip Code

Arsenal Station  
San Antonio, TX 78204-9998

Purpose of payment (See instructions regarding type of information required.)

Postal Stamps

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/17/2008

Payee name

Valero Store #1030

Amount  
(\$)

\$91.27

Payee address; City; State; Zip Code

1171 Coliseum Rd.  
San Antonio, TX 78219

Purpose of payment (See instructions regarding type of information required.)

Auto Expense

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/06/2008

Payee name

Valero Store #2140

Amount  
(\$)

\$60.00

Payee address; City; State; Zip Code

2001 Broadway  
San Antonio, TX 78215

Purpose of payment (See instructions regarding type of information required.)

Auto expense

\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 14/14 Report: 26/26**2** FILER NAME Ortiz, Amadeo (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date

03/01/2008

**5** Payee name

VFW #8936

**7** Amount  
(\$)

\$50.00

**6** Payee address; City; State; Zip Code3001 Guadalupe St.  
San Antonio, TX 78207**8** Purpose of payment (See instructions regarding type of information required.)

F &amp; B

(If travel outside of Texas, complete Schedule T) ☐**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

Date

03/04/2008

Payee name

Wachovia Bank

Amount  
(\$)

\$550.00

Payee address; City; State; Zip Code

7750 I.H. 10 West  
Suite 1000  
San Antonio, TX 78229

Purpose of payment (See instructions regarding type of information required.)

cash withdrawal for contract labor

(If travel outside of Texas, complete Schedule T) ☐**\*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\***  
Candidate / Officeholder name:

Office sought:

Office held: